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FAX TRANSMISSION

To:	FCC	Date: 3/15/07
Att:	Office of the Secretary 202-418-0187	Time:
Fax:	202-418-0187	
From:	ESTHER KAHN - MERKAZ BNOS H.	S,
COMME	ENTS:	
1	Enclosed please find our	letter
alm	eal requesting a review	la USAC
den	eal requesting a review	433047 or
for	m 471- 520594 for fundin	gyear 2006
au	d supporting documents.	
Total nun	nber of pages transmitted (including cover sheet) : _	21
Please call	lus immediately at (718) 259 - 5600 if the fax you rece	rive is incomplete or illegible.
Kindly del	liver this message to the above- referenced immediately	y upon receipt.
	Thank	k You.

MERKAZ BNOS HIGH SCHOOL • תיכון מרכז לבנות

1400 West 6th Street = Brooklyn, New York 11204 = Tel: 718-259-5600 = Fax: 718-259-8024 E-mail: info@merkaz.org = www.merkaz.org

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March 13, 2007

FCC- Office of the Secretary Letter of Appeal Request for Review cc Docket No. 02-6

This is a letter of appeal requesting a review of USAC's denial of funding, request # 1433048 on form 471 # 520594, funding year 2006, for the firewall for Merkaz Bnos High School, billed entity # 153341.

The denial states:

- 1. "The contract provided was not dated by the service provider." However, the contract provided, PCN # 134, was dated at the top with the date 2/15/06.
- 2. "At the time you submitted your form 471 application you did not have a signed and dated contract in place with your service provider." However
- a. The contract, which was dated on top, was signed at the bottom by the service provider.
- b. The contract was signed below the service provider signature by me- Esther Kahn, Assistant Principal, authorized representative of Merkaz Bnos High School and dated next to my signature with the date 2/15/06.
- c. The contract, PCN #134, was then faxed back to PC University on 2/15/06 at 3:13 PM, as indicated on our fax confirmation receipt.
- d. Our form 471 # 520594 with our Item 21 attachment was submitted on line on 2/15/06 at 10:51:13 P.M., seven hours after our contract was signed, as indicated in our SLD form 41 narrative printout.

I am enclosing a copy of:

No. of Copies rec'd List ABCDE

1. Our letter of appeal to USAC.

תיכון מרכז לבנות ■ MERKAZ BNOS HIGH SCHOOL

1400 West 6th Street - Brooklyn, New York 11204 - Tel: 718-259-5600 - Fax: 718-259-8024 E-mail: info@merkaz.org • www.merkaz.org

- 2. USAC- Administrator's Decision on Appeal- Funding Year 2006-2007.
- 3. Funding Committment Decision letter for funding year 2006.
- 4. Contract in question along with FAX confirmation receipt. Dated 2/15/06 Time 3:13 PM
- 5. Form 471, #520594, with our certification and item 21 attachment package Dated: 2/15/06 Time: 10:51:13 PM

We feel that these documents show that we satisfied the requirement that we have a signed and dated contract in place with our service provider before the filing of our form 471.

Thank you. Lother Kalen

Esther Kahn

Assistant Principal

Merkaz Bnos High School

1400 West 6th Street

Brooklyn, NY 11204

Tel: 718-259-5600 Fax: 718-259-8024

email: Info@merkaz.org

Letter of Appeal

1. The person to contact is:

Esther Kalm Assistant Principal Merkaz Bnos High School 1400 West 6th St. Brooklyn, NY 11204 718-259-5600

Fax: 718-259-8024 email: info@merkaz.org

2. Appellant name: Merkaz Bnos High School.

Appellant name: Merkaz Bnos High School.

Service provider name: PC University Distributors, Inc.

Applicant BEN: 153341

Service Provider Identification Number 143011905

Form 471 Application Number: 520594

Funding Commitment Decision Letter for Funding Year 2006 dated 11/14/2006.

We are appealing the decision not to fund request number 1433048 and the text "FCC rules require that a contract for the products/services be signed and dated by both parties prior to the filing of the form 471. This requirement was not met."

Enclosed is a copy of:

- 1- The Funding Commitment Decision Letter for funding year 2006.
- 2- The contract in question along with the FAX confirmation receipt. Dated: 2/15/2006 Time: 3:13 PM
- 3- Our copy of form 471-520594 with our certification and item 21 attachment package dated 2/15/2006. Time: 10:51:13 PM

These documents show that our contract for the services listed in our 471 was signed on 2/15/2006 and faxed back to PC University on 2/15/06 at 3:13 PM whereas our 471 was filed on 2/15/06 at 10:51:13 PM which satisfies the requirements that the contract for services be signed and dated prior to do the filing of our 471.

On the basis, we are therefore appealing to have the denial decision over turned.

Thank you,

Esther Kahn



Universal Service Administrative Company

Schools & Libraries Division

Administrator's Decision on Appeal - Funding Year 2006-2007

January 24, 2007

Esther Kahn Merkaz Bnos High School 1400 West 6th Street Brooklyn, NY 11204

Re: Applicant Name:

MERKAZ BNOS H.S.

Billed Entity Number:

153341

Form 471 Application Number:

520594 1433048

Funding Request Number(s):

Your Correspondence Received: January 02, 2007

After thorough review and investigation of all relevant facts, the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has made its decision in regard to your appeal of USAC's Funding Year 2006 Funding Commitment Decision Letter for the Application Number indicated above. This letter explains the basis of USAC's decision. The date of this letter begins the 60 day time period for appealing this decision to the Federal Communications Commission (FCC). If your Letter of Appeal included more than one Application Number, please note that you will receive a separate letter for each application.

Funding Request Number(s):

1433048

Decision on Appeal:

Denied

Explanation:

Upon thorough review of the appeal letter and relevant documents, USAC has
determined that, at the time you submitted your Form 471 application, you did not
have a signed contract in place with your service provider. During the application
review, the applicant was asked to provide copies of signed and dated contracts.
In the response provided to USAC on October 31, 2006, the contract provided

was not dated by the service provider. FCC Rules state that a contract must be signed and dated on or after the Allowable Contract Date as calculated by the Form 470 posting date, but prior to the submission of the Form 471. In this case, you have not demonstrated that you have complied with FCC Rules; therefore, the appeal is denied.

USAC has determined that, at the time you submitted your Form 471 application. you did not have a signed and dated contract for services in place with your service provider(s) for services other than tariffed or month-to-month services. FCC Rules require that applicants submit a completed FCC Form 471 "upon signing a contract for eligible services," 47 C.F.R. sec. 54.504(c). The FCC Rules further require that both beneficiaries and service providers must retain executed contracts, signed and dated by both parties. See Schools and Libraries Universal Service Support Mechanism, CC Docket No. 02-6, Fifth Report and Order and Order, 19 FCC Rcd 15808, 15824-26, FCC 04-190 para. 48 (rel. Aug. 13, 2004). The FCC has consistently upheld USAC's denial of funding when there is no contract in place for the funding request. See Request for Review by Waldwick School District, Schools and Libraries Universal Service Support Mechanism, File No. SLD-256981, CC Docket No. 02-6, Order, 18 FCC Rcd. 22994, DA 03-3526 (rel. Nov. 5, 2003). The FCC Form 471 instructions under Block 5 clearly state that you MUST sign a contract for all services that you order on your Form 471 except tariffed services and month-to-month services. See Instructions for Completing the Schools and Libraries Universal Service, Services Ordered and Certification Form, OMB 3060-0806 (November 2004) at page 23.

If your appeal has been approved, but funding has been reduced or denied, you may appeal these decisions to either USAC or the FCC. For appeals that have been denied in full, partially approved, dismissed, or canceled, you may file an appeal with the FCC. You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received or postmarked within 60 days of the date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD section of the USAC website or by contacting the Client Service Bureau. We strongly recommend that you use the electronic filing options.

We thank you for your continued support, patience and cooperation during the appeal process.

Schools and Libraries Division
Universal Service Administrative Company



Universal Service Administrative Company

Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER (Funding Year 2006: 07/01/2006 - 06/30/2007)

November 14, 2006

Esther Kahn MERKAZ BNOS H.S 1400 WEST 6TH ST BROOKLYN, NY 11204

Re: Form 471 Application Number: 520594 Billed Entity Number (BEN): 153341 Billed Entity FCC RN: 0012105052 Applicant's Form Identifier: 14009F

Thank you for your Funding Year 2006 application for Universal Service Support and for any assistance you provided throughout our review. The current status of the funding request(s) in the Form 471 application cited above and featured in the Funding Commitment Report(s) (Report) at the end of this letter is as follows.

The amount, \$1,028.92 is "Denied."

Please refer to the Report on the page following this letter for specific funding request decisions and explanations. The Universal Service Administrative Company (USAC) is also sending this information to your service provider(s) so preparations can begin for implementing your approved discount(s) after you file Form 486 (Receipt of Service Confirmation Form). A guide that provides a definition for each line of the Report precedes the Report.

A list of Important Reminders and Deadlines is included with this letter to assist you throughout the application process.

NEXT STEPS

- Work with your service provider to determine if you will receive discounted bills or if you will request reimbursement from USAC after paying your bills in full
- Review technology planning approval requirements Review CIPA requirements
- File Form 486
 Invoice USAC using the Form 474 (service provider) or Form 472 (Billed Entity) as products and services are being delivered and billed

TO APPEAL THIS DECISION:

If you wish to appeal a decision in this letter, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

- 1. Include the name, address, telephone number, fax number, and (if available) email address for the person who can most readily discuss this appeal with us.
- State outright that your letter is an appeal. Include the following to identify the letter and the decision you are appealing: Appellant name,

 - Applicant name and service provider name, if different from appellant, applicant BEN and Service Provider Identification Number (SPIN), Form 471 Application Number 520594 as assigned by USAC, "Funding Commitment Decision Letter for Funding Year 2006," AND The exact text or the decision that you are appealing.

- 3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
- 4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
- 5. Provide an authorized signature on your letter of appeal.

To submit your appeal to USAC by email, email your appeal to appeals@sl.universalservice.org. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to USAC by fax, fax your appeal to (973) 599-6542.

To submit your appeal to USAC on paper, send your appeal to:

Letter of Appeal Schools and Libraries Division - Correspondence Unit 100 South Jefferson Road P.O. Box 902 Whippany, New Jersey 07981

While we encourage you to resolve your appeal with USAC first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be received by the FCC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. We strongly recommend that you use the electronic filing options described in the "Appeals Procedure" posted in the Reference Area of our website. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON RULES AND FUNDS AVAILABILITY

An applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Program. Applicants who have received funding commitments continue to be subject to audits and other reviews that USAC and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. USAC may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by USAC, the applicant, or the service provider. USAC, and other appropriate authorities (including but not limited to the FCC), may pursue enforcement actions and other means of recourse to collect improperly dispursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division Universal Service Administrative Company

A GUIDE TO THE FUNDING COMMITMENT REPORT

A report for each funding request in your application is attached to this letter. We are providing the following definitions for the items in that report.

FORM 471 APPLICATION NUMBER: The unique identifier assigned to a Form 471 application by USAC.

FUNDING REQUEST NUMBER (FRN): A funding Request Number is assigned by USAC to each Block 5 of your Form 471. This number is used to report to applicants and service providers the status of individual funding requests submitted.

FUNDING STATUS: Each FRN will have one of the following statuses:

- "Funded" the FRN is approved for support. The funding level will generally be the level requested unless USAC determined during the application review process that some adjustment is appropriate.
- 2. "Not Funded" the FRN is one for which no funds were committed. The reason for the decision will be briefly explained in the "Funding Commitment Decision Explanation." An FRN may be "Not Funded" because the request does not comply with program rules, or because the total amount of funding available for the Funding Year was insufficient to fund all requests.
- 3. "As Yet Unfunded" a temporary status assigned to an FRN when USAC is uncertain at the time the letter is sent about whether sufficient funds exist to make commitments for requests for Internal Connections Other than Basic Maintenance or Basic Maintenance of Internal Connections at a particular discount level. For example, if your application included requests for discounts on both Telecommunications Services and Internal Connections, you might receive a letter with funding commitments for your Telecommunications Services funding requests and with an "As Yet Unfunded" status on your Internal Connections requests. You would receive one or more subsequent letters regarding the funding decisions on your Internal Connections requests.

CATEGORY OF SERVICE: The type of service ordered from the service provider, as shown on your Form 471.

FORM 470 APPLICATION NUMBER: The Form 470 Application Number associated with this FRN from Block 5, Item 12 of the Form 471.

SPIN (Service Provider Identification Number): A unique number assigned by USAC to service providers seeking payment from the Universal Service Fund Programs. A SPIN is also used to verify delivery of services and to arrange for payment.

SERVICE PROVIDER NAME: The legal name of the service provider.

CONTRACT NUMBER: The number of the contract between the eligible party and the service provider, if a contract number was provided on your Form 471.

BILLING ACCOUNT NUMBER: The account number that your service provider has established with you for billing purposes, if a Billing Account Number was provided on your Form 471.

SERVICE START DATE: The Service Start Date for this FRN from Block 5, Item 19 of your form 471.

CONTRACT EXPIRATION DATE: The Contract Expiration Date for this FRN from Block 5, Item 20b of your Form 471, if a contract expiration date was provided on your Form 471.

SITE IDENTIFIER: The Entity Number listed in Form 471, Block 5, Item 22a for "site specific" FRNs only.

NUMBER OF MONTHS RECURRING SERVICE PROVIDED IN FUNDING YEAR: The number of months of service that has been approved for the funding year, for recurring services.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE RECURRING CHARGES: Eligible monthly pre-discount amount approved for recurring charges multiplied by number of months of recurring service approved for the funding year.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES: Annual eligible non-recurring charges approved for the funding year.

PRE-DISCOUNT AMOUNT: Amount in Form 471, Block 5, Item 231, as determined through the application review process.

FCDL/Schools and Libraries Division/USAC

DISCOUNT PERCENTAGE APPROVED BY USAC: The discount rate that USAC approved for this service.

FUNDING COMMITMENT DECISION: The total amount of funding that USAC has reserved to reimburse your service provider for the approved discounts for this service for this funding year. It is important that both you and your service provider recognize that USAC should be invoiced and that disbursement of funds will be made only for eligible, approved services actually rendered.

FUNDING COMMITMENT DECISION EXPLANATION: This entry provides an explanation of the amount in the "Funding Commitment Decision."

FCDL DATE: The date of this Funding Commitment Decision Letter (FCDL).

WAVE NUMBER: The wave number assigned to FCDLs issued on this date.

LAST ALLOWABLE DATE FOR DELIVERY AND INSTALLATION FOR NON-RECURRING SERVICES: The last date approved by the FCC for delivery and installation of eligible non-recurring services (e.g., equipment). (The last allowable date for delivery and installation of recurring services is always the last day of the fund year, that is, June 30, 2007 for Funding Year 2006.)

FUNDING COMMITMENT REPORT Billed Entity Name: MERKAZ BNOS H.S. BEN: 153341 Funding Year: 2006

Funding Year: 2006

Form 471 Application Number: 520594
Funding Request Number: 1433048
Funding Status: Not Funded
Category of Service: Internet Access
Form 470 Application Number: 146450000553921
SPIN: 143011905
Service Provider Name: PC University Distributors
Contract Number: PCU134
Billing Account Number: N/A
Service Start Date: 07/01/2006
Contract Expiration Date: 06/30/2007
Site Identifier: 153341
Number of Months Recurring Service Provided in Funding Year: 12
Annual Pre-discount Amount for Eligible Recurring Charges: \$.00
Annual Pre-discount Amount for Eligible Non-recurring Charges: \$1,143.24
Pre-discount Amount: \$1,143.24
Pre-discount Amount: \$1,143.24
Funding Commitment Decision: \$0.00 - Contract Violation
Funding Commitment Decision: \$0.00 - Contract Violation
Funding Commitment Decision Explanation: FCC rules require that a contract for the products/services be signed and dated by both parties prior to the filing of the Form
471. This requirement was not met.

FCDL Date: 11/14/2006 Wave Number: 030 Last Allowable Date for Delivery and Installation for Non-Recurring Services: 09/30/2007



February 15, 2006

Merkaz Bnos High School Esther Khan

Via fax: 718-259-8024

Contract # PCU134 Pin # 143011905

Dear Ms. Khan,

PC University appreciates the opportunity to assist you with your computing needs. As per your request, I am pleased to offer the following price quotation.

Quantity	Description	Unit Price	Extended Price
2	SONICWALL - SOFTWARE 01-SSC-5844 COMP GATEWAY SEC SUITE TZ 170 UNRESTRICTED BOXED PAPER LICENSE	\$359.24	\$718.48
2	SONICWALL - SOFTWARE 01-SSC-5650 CONTENT FILTERING PREM BUSINESS TZ/TELE/SOHO BOXED PAPER LICENSE	\$867	\$1,734
	Shipping		\$0
	Total		\$2,452.48

If you have any questions please do not he sitate to contact me @ 516-596-1500.

Gedfrey M. Miller

emm@pcuniversity.com

Please sign below if you agree with this contract.

TRANSMISSION VERIFICATION REPORT

TIME : 02/15/2006 19 NAME : FAX : TEL : SER.# : BROB2J135027

: 02/15/2006 15:15

DATE, TIME FAX NO. /NAME DURATION PAGE(S) RESULT

02/15 15:13 15165961515 00:01:44 04 CK STANDARD ECM

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| FCC I                                                                                                                                                                                                                                                                                                                                    | Form 471                                                 | Do                                  | not write in this area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                     | Аррг                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| This fi                                                                                                                                                                                                                                                                                                                                  |                                                          | Description of Servi                | ge Burden Hours per Re<br>cations-related services they<br>side sufficient support to rein<br>application. (You can a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ertification Forn esponse: 4 hours have ordered and estin hourse providers for se   | nate the annual charges for i<br>rvices.<br>w.sl.universalservice.or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Applic<br>(Create<br>form 47                                                                                                                                                                                                                                                                                                             | cant's Form Identific<br>your own code to identify<br>1) | er<br>THIS 14009F                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Application# ed by administrator)                                                   | 520594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Biock                                                                                                                                                                                                                                                                                                                                    | 1: Billed Entity In                                      | formation (The "Billed Entity" is   | the entity paying the bills for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | r the service listed on th                                                          | ris form.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| fa                                                                                                                                                                                                                                                                                                                                       | Name of<br>Billed Entity                                 | MERKAZ BNOS H.S.                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2 <b>a</b>                                                                                                                                                                                                                                                                                                                               | Funding Year: July<br>1,                                 | 2006 Through June 30: 2007          | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Billed Entity Numbe                                                                 | v:153341                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 4a                                                                                                                                                                                                                                                                                                                                       | Street Address,<br>P.O. Box,<br>or Routing Number        | 1400 WEST 6TH ST                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A Company                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| ь                                                                                                                                                                                                                                                                                                                                        | Telephone<br>Number                                      | 718-259-5600                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | c Fax Number –                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5 a Type of Individual School (individual public or non-public school) Application School District (LEA; public or non-public [e.g. diocesan] local district representation Library (including library system, library outlet/branch or library consortium as a Consortium Check here trany members of this consortium are ineligible or |                                                          |                                     | local district represent<br>library consortium as de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | offned under LSTA)                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6                                                                                                                                                                                                                                                                                                                                        | Contact<br>Person's<br>Name                              | Esther Kahn                         | ्र <sub>क्ष</sub> त् ः व्यक्ति हु <i>ः वीद्वाव वृद्धाः वास्त्राच्याः स्थाप</i> ्रम् विकास                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | )                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                          | First, if the Contact Per                                | son's Street Address is the same as | in Item 4, check this box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | If not, please comple                                                               | te the entries for the Street A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| b                                                                                                                                                                                                                                                                                                                                        | Street Address,<br>P.O. Box,<br>or Routing Number        | 1400 WEST 6TH ST                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | a antika kumananan ne eser asamanka esamen ne eser eser eser eser eser eser eser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Γe                                                                                                                                                                                                                                                                                                                                       | E-mail Address                                           | info@merkaz.org                     | Control of the Contro | denne er dende eller Gred er Gred (1984). De despletelijke bleetelijker in eller be |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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Page 1 of 7



| Entity Number                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| information on the subsequent Forms                                  | FIRST Form 471 yo<br>471. Provide your b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | u file, to encompass this a<br>sest astimates for the servi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Please complete all rows that apply to servind all other Forms 471 you will file for this fuices ordered across ALL of your Forms 471.  uplete Item 8. 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| Sa. Non-Contracted tariffed/Month to Month<br>Service: | 15b. Contract Number: PCU134                 |  |
|--------------------------------------------------------|----------------------------------------------|--|
| 5c. Covered under State Master Contract:               | 15d. FRN from Previous Year:                 |  |
| 6a. Billing Account Number:                            | 16b. Multiple Billing Account Numbers?:      |  |
| 7. Allowable Contract Date: 01/16/2006                 | 18. Contract Award Date: 07/01/2006          |  |
| 9a. Service Start Date: 07/01/2006                     | 19b. Service End Date:                       |  |
| 0. Contract Expiration Date: 06/30/2007                |                                              |  |
| 1. Attachment #: PCU1                                  | 22. Block 4 Entity Number: 153341            |  |
| 3a. Monthly Charges: \$.00                             | 23b. Ineligible monthly amt.: \$.00          |  |
| 3c. Eligible monthly amt.: \$0.00                      | 23d. Number of months of service: 12         |  |
| 3e. Annual pre-discount amount for eligible rec        | eurring charges ( 23c x 23d): \$0.00         |  |
| 3f. Annual non-recurring (one-time) charges: 1,143.24  | 23g. Ineligible non-recurring amt.: \$.00    |  |
| 3h. Annual pre-discount amount for eligible no         | n-recurring charges ( 23f - 23g): \$1,143.24 |  |
| 3i. Total program year pre-discount amount ( 2         |                                              |  |
| 23]. % discount (from Block 4): 90                     |                                              |  |
| 3k. Funding Commitment Request (23l x 23j): :          | 1.028.92                                     |  |

### **Block 6: Certifications and Signature**

| Application                           | on ID:520594                          |                  |                         |  |  |
|---------------------------------------|---------------------------------------|------------------|-------------------------|--|--|
| Entity<br>Number<br>Contact<br>Person | 153341                                | Applicant's Form | 14009F                  |  |  |
| Contact<br>Person                     | Esther<br>Kahn                        | Phone Number     | <u>718-259-</u><br>5600 |  |  |
| Block 6: C                            | Block 6: Certifications and Signature |                  |                         |  |  |

Do not write in this erea.

#### Block 6: Certifications and Signature

- l certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)
  - a. Schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
  - b. I libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities
- 25. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

| İn.  |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
|------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| a.   |          | Total funding year pre-discount amount on this Form 471 (Add the entities from Item 23i on all Block 5 Discount Funding Requests.)                                                                                                                                                                                                                                                                                                                                                      | \$1,143.24                                                                                           |
| ь.   |          | Total funding commitment request amount on this Form 471 (Add the entities from Items 23K on all Block 5 Discount Funding Requests.)                                                                                                                                                                                                                                                                                                                                                    | \$1,028.92                                                                                           |
| c.   |          | Total applicant non-discount share (Subtract Item 25b from Item 25a.)                                                                                                                                                                                                                                                                                                                                                                                                                   | \$114.32                                                                                             |
| M a. |          | Total budgeted amount allocated to resources not eligible for E-rate support                                                                                                                                                                                                                                                                                                                                                                                                            | \$0.00                                                                                               |
|      |          | Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)                                                                                                                                                                                                                                                   | \$114.32                                                                                             |
| f.   | Γ        | Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any Forms 471 filed by this Billed Entity for this funding year, or If a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.                                                                                                                                                     |                                                                                                      |
| 26.  | <b>□</b> | I certify that all of the schools and libraries or library consortia listed in Block 4 by technology plans that are written, that cover all 12 months of the funding year personal by a state or other authorized body, and an SLD-certified technocommencement of service. The plans are written at the following level(s):                                                                                                                                                            | ear, and that have been or will                                                                      |
|      | a.       | an individual technology plan for using the services requested in this ap                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                                                                    |
|      | b.<br>с. | higher-level technology plan(s) for using the services requested in this a no technology plan needed; applying for basic local, cellular, PCS, and/service and/or voice mail only.                                                                                                                                                                                                                                                                                                      | • •                                                                                                  |
| 27.  | ₩.       | I certify that I posted my Form 470 and (if applicable) made my RFP available considering all bids received and selecting a service provider. I certify that all considered and the most cost-effective service offering was selected, with pric considered, and is the most cost-effective means of meeting educational need                                                                                                                                                           | bids submitted were carefully<br>be being the primary factor                                         |
|      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                      |
| 28.  | V        | I certify that the entity responsible for selecting the service provider(s) has reviand local procurement/competitive bidding requirements and that the entity or have complied with them.                                                                                                                                                                                                                                                                                              | iewed all applicable FCC, state,<br>entitles listed on this application                              |
| 29,  | <b>\</b> | I certify that the services the applicant purchases at discounts provided by 47 solely for educational purposes and will not be sold, resold, or transferred in c other thing of value, except as permitted by the Commission's rules at 47 C.F. certify that the Billed Entity has not received anything of value or a promise of services and equipment requested under this form, from the service provider (stereof or any consultant in connection with this request for services. | onsideration for money or any<br>R. Sec. 54.500(k). Additionally, I<br>anything of value, other than |
| 30.  | Þ.       | I certify that I and the entity(ies) I represent have complied with all program rule failure to do so may result in denial of discount funding and/or cancellation of signed contracts covering all of the services listed on this Form 471 except for non-contracted tariffed or month-to-month arrangements. I acknowledge that fulles could result in civil or criminal prosecution by the appropriate law enforcements.                                                             | funding commitments. There are<br>those services provided under<br>failure to comply with program    |
| 31.  | F        | I acknowledge that the discount level used for shared services is conditional, fithat the most disadvantaged schools and libraries that are treated as sharing is appropriate share of benefits from those services.                                                                                                                                                                                                                                                                    |                                                                                                      |
| 32.  | <b>₩</b> | I certify that I will retain required documents for a period of at least five years a<br>delivered. I certify that I will retain all documents necessary to demonstrate co<br>Commission rules regarding the application for, receipt of, and delivery of serv<br>libraries discounts, and that if audited, I will make such records available to the                                                                                                                                   | mpliance with the statute and<br>rices receiving schools and                                         |

that I may be audited pursuant to participation in the schools and libraries program.

- I certify that I am authorized to order telecommunications and other supported services for the eligible entity (ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity (ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act. 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code. 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 1 acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 35. V I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g)(1),(2).
- 36. I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37. I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are not of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Signature of authorized person

39. Signature Date

- 40. Printed name of authorized person Margie Nussbaum
- 41. Title or position of authorized person Principal
- 422. Street Address, P.O Box or Route Number 1400 west 6th Street City, State Zip Code Brooklyn, NY 11204
- 42b. Telephone number of authorized person: (718) 259-5600
- 42c. Fax number of authorized person: (718) 259-8024
- 42ri. E-mail of authorized person: Info@merkaz.org
- 42e Name of authorized person's employer Merkaz Bnos HS

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator. 47 C.F.R.§ 54.504. The collection of information stems from

the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of any applicable statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an Interest in the proceeding. In addition, consistent with the Communications Act of 1834, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

SLD-Form 471 P.O. Box 7026 Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

SLD Forms ATTN: SLD Form 471 3833 Greenway Drive Lawrence, Kansas 66046 (888) 203-8100

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## FCC Form 471

ANALOGE OF A SALE STANCE

Services Ordered and Certification Form



Applicant's Form Identifier: 14009F

Entity Number: 153341

Contact Person: Esther Kahn Phone Number: (718) 259-5600

**Block 6: Certifications and Signature** 

Do not write in this area.

471 Application Number: 520594

24. F I certify that the entities listed in Block 4 of this application are eligible for support because they are: (check one or both)

schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. Secs. 7801(18) and (38), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or

to. IT libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools including, but not limited to elementary, secondary schools, colleges, or universities

25. If certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed in this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

a. [Total funding year pre-discount amount on this Form 471 (Add the \$1,143.24 entries from Item 23i on all Block 5 Discount Funding Requests.) b. [Total funding commitment request amount on this Form 471 (Add the \$1.028.92 lentries from Items 23k on all Block 5 Discount Funding Requests.) c. Total applicant non-discount share (Subtract Item 25b from Item 25a.) \$114.32 d. Total budgeted amount allocated to resources not eligible for E-rate \$0.00 **Troadus** Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to \$114.32 the resources necessary to make effective use of the discounts. (Add tems 25c and 25d.)

f. Check this box if you are receiving any of the funds in Item 25e directly from a service provider fisted on any Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Items 25e.

- 26. ▼ I certify that all of the schools and libraries or library consortia listed in Block 4 of this application are covered by technology plans that are written, that cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body, and SLD-certified technology plan approver, prior to the commencement of service. The plans are written at the following level(s):
- a. an individual technology plan for using the services requested in this application; and/or
- b. V higher-level technology plan(s) for using the services requested in this application; or
- c. In no technology plan needed; applying for basic local, cellular, PCS, and/or long distance telephone service and/or voice mail only.
- 27. It is certify that I posted my Form 470 and (if applicable) made my RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 28. I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have compiled with them.
- 29. It certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. Sec. 54.500(k). Additionally, I certify that the Billed Entity has not received anything of value or a promise of anything of value, other than services and equipment requested under this form, from the service provider(s) or any representative or agent thereof or any consultant in connection with this request for services.
- 30. It is certify that the entity(ies) I represent have complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.
- 31. If acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive and appropriate share of benefits from those services.
- 32. It is certify that I will retain required documents for a period of at least five years after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator, I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 33. It certify that I am authorized to order telecommunications and other supported services for the eligible entity(les) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(les) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of this program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under the Title 18 of the United States Code, 18 U.S.C. Sec. 1001 and civil violations of the False Claims Act.
- 34. 📝 i acknowledge that FCC rules provide that persons who have been convicted of criminal violations

or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.

- 35. If I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the cost of the contract to eligible and ineligible companies as required by the Commission's rules at 47 C.F.R. Sec. 54.504(g) (1),(2).
- 36. It certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years beginning with Funding Year 2005 as required by the Commission's rules at 47 C.F.R. Sec. 54.506(c).
- 37. If I certify that the non-discounted portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services features on this Form 471 are net of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

38. Cert ID = 39659

39.Date 2/15/2006

40. Printed name of authorized person Margie Nussbaum

41. Title or position of authorized person Principal

42a, Street Address, P.O Box or Route Number 1400 west 6th Street Brooklyn, NY 11204

42b. Telephone number of authorized person: (718) 259-5600

42c. Fax number of authorized person: (718) 259-8024

42d. E-mail of authorized person: Info@merkaz.org

42e. Name of authorized person's employer Merkaz Bnos HS

ATTENTION: If you are signing Form 471 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance

471 Application Number: MERKAZ BNOS H.S. 1400 WEST 6TH ST BROOKLYN, NY 11204

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE: Section 54.504 of the Faderal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Service Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information atems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the raport will be used to ensure that schools and libraries comply

BIOCK O PRINI MODE PAGE 4 OI 4

with the competitive bidding requirement commined in 47 C.F.R. § 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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If you owe a past due debt to the Federal government, the information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC >may also provide the information to these agencies through the matching of computer records when authorized

if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application.

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Please retain a copy of this page and submit a copy with any communications to the SLD. Please enclose a copy of this confirmation page when mailing your item 21 attachments. If you wish to submit your required item 21 Attachment at this time using our online system, choose the icon below for the item 21 Attachment.

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| Schools and Libraries Division                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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# ISAC Schools & Libraries

## Item 21 Attachment

Internet Access - Funding Year 2006

MERKAZ BNOS H.S. Applicant Name

153341 Billed Entity Number 520594 Form 471 Application Number 1433048 Funding Request Number

PC University Distributors Service Provider

Attachment Number PCU1

Narrative description of this

Modem, Wireless)

Firewall service with content filtering Funding Request

Service Type Service Description 1 Broadband Internet Sonicwall - software 01-Access (e.g. T-1, DSL, \$329,24 SSC-5844

Frame Relay, Cable Modern, Wireless) Number of InternetAccess Lines (If applicable)

Non Recurring Charges Recurring Charges \$0.00 One-time non-recurring charges \$329.24 **Monthly Recurring Charges** \$0.00 Less Ineligible Amount (if any) \$0.00 Less Ineligible Amount (if any)

12 **Number of Months** 

\$0.00 Eligible non-recurring charges \$329.24 Eligible recurring charges

Line item TOTAL \$329.24

2 Broadband Internet Access (e.g. T-1, DSL, Sonicwall - software 01-\$814.00 Frame Relay, Cable SSC-5650 content filter

0 Number of InternetAccess Lines (if applicable)

**Non Recurring Charges Monthly Recurring Charges** \$0,00 One-time non-recurring charges \$814,00 Less Ineligible Amount (If any) \$0,00 Less Ineligible Amount (if any) \$0.00

**Number of Months** 12

**Recurring Charges** 

Eligible recurring charges \$0.00 Eligible non-recurring charges \$814.00

Line item TOTAL \$814

> Total: \$1,143.24

> Funding Requested on 471: \$1,143.24

Elia Pre-Discount Cost

Date Submitted

2/15/2006 10:51:13 PM